

HAWAII STATE ETHICS COMMISSION
1001 BISHOP STREET, ASB TOWER 970
P.O. BOX 616, HONOLULU, HAWAII 96809
TEL: 587-0460 FAX: 587-0470
email: ethics@hawaiiethics.org

THIS SPACE FOR OFFICE USE ONLY

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STATE OF HAWAII
STATE ETHICS COMMISSION

LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

| PART I LOBBYIST | | | |
|---|---------|------------|-----------|
| NAME (Last) | (First) | (Middle) | TELEPHONE |
| Loy | Robert | L | 593-0300 |
| MAILING ADDRESS (Street) | | | FAX |
| 1314 So King St Ste 306 | | | 593-0525 |
| (City) | (State) | (Zip Code) | |
| Honolulu | HI | 96814 | |
| EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby) | | | TELEPHONE |
| NA Leo Pehai | | | 593-0300 |
| MAILING ADDRESS (Street) | | | FAX |
| 1314 So King St Ste 306 | | | 593-0525 |
| (City) | (State) | (Zip Code) | |
| Honolulu | HI | 96814 | |

| PART II ORGANIZATION | | | |
|--|---------|------------|-----------|
| NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) | | | TELEPHONE |
| NA Leo Pehai | | | 593-0300 |
| MAILING ADDRESS (Street) | | | FAX |
| 1314 So King St Ste 306 | | | 593-0525 |
| (City) | (State) | (Zip Code) | |
| Honolulu | HI | 96814 | |
| NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT | | | TELEPHONE |
| Alexandra Arny | | | 593-0300 |
| MAILING ADDRESS (Street) | | | FAX |
| 1314 So King St Ste 306 | | | 593-0525 |
| (City) | (State) | (Zip Code) | |
| Honolulu | HI | 96814 | |

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

Agriculture

Education

Human Services

☒ Science, Technology &
Economic Development☒ Communications &
Public Utilities☒ Government Operations &
Finance☒ Intergovernmental Relations,
International Affairs☒ Tourism & Recreation☒ Consumer Protection &
Commerce

Hawaiian Affairs

Labor & Employment

☒ Transportation☒ Culture, Arts, Historic
Preservation

Health

☒ Planning, Land & Water
Use Management

Other: (indicate below)

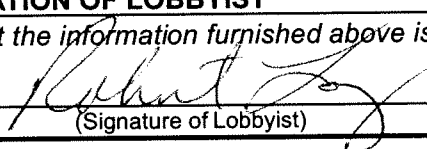
☒ Ecology, Energy
Environmental Protection

Housing

Public Safety & Corrections

PART IV CERTIFICATION OF LOBBYIST

I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.


(Signature of Lobbyist)1/11/07
(Date)**PART V AUTHORIZATION TO LOBBY**

NAME

TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED

Alexandra Avery

NAME OF ORGANIZATION (if applicable)

TELEPHONE

NA Leo Pohai

593-0300

MAILING ADDRESS (Street)

FAX

1314 So. King St Ste 306

593-0525

(City)

(State)

(Zip Code)

Honolulu

HI

96814

I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.


(Signature of Authorizing Officer or Person Represented)Jan. 17, 2007
(Date)